

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/690579 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2	/						52					
3	/						53					
4	/						54					
5	/						55					
6	/						56					
7	/						57					
8	/						58					
9	/						59					
10	/						60					
11	/						61					
12	/						62					
13	/						63					
14	/						64					
15	/						65					
16	/						66					
17							67					
18							68					
19							69					
20							70					
21	/						71					
22	/						72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31	/						81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	21						TOTAL IND.					
TOTAL DEP.	18	→	→	→			TOTAL DEP.	→	→	→		
TOTAL CLAIMS	39						TOTAL CLAIMS					